

LPCC Application for Funds to Support Transition Local Learning Opportunity  
January 2003

Date: \_\_\_\_\_

Name of County: \_\_\_\_\_

Contact for the grant: Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Planning Team:

1. LEA Representative (Required)

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

2. Head Start Representative (Required)

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

3. First Steps Representative (Required)

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

LPCC Application for Funds to Support Transition Local Learning Opportunity  
January 2003 (continued)

4. Parent Representative (Required)

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

5. Other Representative (Optional)

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

6. Other Representative (Optional)

Name:

Title:

Organization:

Address:

City, State, Zip Code:

Phone:

Fax:

E-mail:

LPCC Application for Funds to Support Transition Local Learning Opportunity  
January 2003 (continued)

**Budget Summary:**

	Amount
Personnel	_____
Equipment	_____
Supplies	_____
Speaker Stipends	_____
Copy	_____
Postage	_____
Other	_____
Total Budget	_____

**Budget Narrative:**

(Please include a description for each line item and amount.)

LPCC Application for Funds to Support Transition Local Learning Opportunity  
January 2003 (continued)

Date and time of the planned event:

Location of the event:

Type of Event:

(Please describe, i.e. brown bag discussion, panel presentation, video viewing and discussion, etc.)

Agenda (include speakers):

What are the outcomes for this learning opportunity?

How will you know this event was successful?

How do you plan to market this event in your community?

Mail completed application to: Indiana Transition Initiative, 16130 Brockton Court, Granger, IN 46530-9714.

Direct questions to: Mary Jo Paladino mpaladin@indiana.edu or 574-273-6019.

Parent Planner Local Transition Learning Opportunity  
UTS Family Involvement Fund  
Parent Stipend Request

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone (      ) \_\_\_\_\_ Social Security # \_\_\_\_\_

1. Name of Child with special needs: \_\_\_\_\_
2. Age of Child with special needs: \_\_\_\_\_
3. Your relationship to the child with special needs: \_\_\_\_\_
4. Activity \_\_\_\_\_
5. Date(s): \_\_\_\_\_ Location: \_\_\_\_\_
6. Ethnic Status(optional): ☐Hispanic ☐Afro-American ☐Asian-American ☐American Indian ☐Caucasian

Family Members, please note the following before signing:

- Please verify that all information provided on this form is correct.
- The Family Involvement Fund can provide, for the transition learning opportunity, up to \$200 per parent planner.
- If you have questions, please contact IN\*SOURCE at 800 332-4433

“Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me) and to the best of my knowledge and belief, all other information provided is true, correct, and complete. (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interests or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.”

\_\_\_\_\_  
Family Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LPCC Coordinator Signature

\_\_\_\_\_  
Date

Please mail this form to IN\*SOURCE as soon as possible to ensure prompt release of funds. LPCC Coordinator and Family Member Signatures are required.

IN\*SOURCE, 809 N. Michigan St., South Bend, IN 46601-1036, (574)234-7101, (800)332-4433,  
Fax: (574)234-7279, e-mail cemmel@insource.org